

Agricultural Livestock Operation Permit Application

General Information

Applications are completed in a series of steps. Please complete the fields below and then press **Next**. You will then be able to **Complete** required forms, **Attach** project documentation, **Include** your digital signature, and **Submit** your application to the DNR.

Basic Permit Info

NOTE: Missing or incomplete fields are highlighted on the application and at the bottom of each page. Once all required fields are completed you may navigate away from that page. After navigating away from a page, you may return to it to make changes.

Project Name

(Required: Project will be saved to system using this name)

2019 Feedpad & Runoff Collection

Permit Action

Engineering Plans and Specifications or Reports

Activity

3400-pnspost

Facility County

St. Croix

Facility Name

Emerald Sky Dairy LLC

Facility Number

14136

DNR Project Number

R-2017-0154

Engineering Post-Construction Report for an Approved Facility or System [243.15(10)]

- Select the facility information and DNR Project Approval Reference e.g "R-2013-0011" and press Next
- Upload the Post-Construction Report
- Provide Inspection Logs
- Provide Description of Changes
- Provide Photos
- Provide Specified Approval Conditions Documented (if applicable)
- Provide Concrete Batch Tickets (if applicable)

State of Wisconsin Department of Natural Resources PO Box 7185, Madison, WI 53707-7185 dnr.wi.gov	CAFO Constructed Facilities of Systems for Livestock/Poultry Operation WPDES Permit Form 3400-025H (R6 /18) 2	Page 1 of
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Applicants must use this form for the post-construction activities of constructed facilities in accordance with s. NR 243.15(10), Wis. Adm. Code.

I. Operation Information

Operation Emerald Sky Dairy LLC		Contact (First , Last) Todd Tuls			
Mailing Address -Street, Route or Box 2670 D Road		Mailing Address -City Rising City	S tate NE	Zip Code 68658	
Location Address -Street, Route or Box 2487 County Highway G		Location Address- City Emerald	S tate WI	Zip Code 53013	
County St. Croix	<input checked="" type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City EMERALD,T	Section (01 -36) 22	Township (01-53) 30 N	Range XX 16	<input type="radio"/> E <input checked="" type="radio"/> W
Phone Number (incl. area code) 402-526-2385	Cell Phone Number 402-366-0363	Fax Number (incl. area code)	Email todd@tulsdairies.com		
This Operation is (check one): <input type="radio"/> a new CAFO <input checked="" type="radio"/> an existing CAFO			WPDES Permit Number 0059315		

II. Design Engineer

Company Williams Engineering Services, LLC		Engineer Name (First, Last) Ronnie Williams			
Mailing Address - Street, Route or Box E14910 Bears Grass Road		City Augusta	State WI	Zip Code 54722	
Phone Number (w/ area code) 715-286-5726	Cell Phone (w/ area code) 715-829-3231	Fax Number (w/ area code)	E-mail Address: Ronnie.Williams@WES...		
Alternate Contact (First, Last) Kelly Jacobs		E-mail Kelly.Jacobs@WESwi.com	Phone Number (w/ area code) 715-286-5726		
Preparer is a (select one): <input checked="" type="radio"/> Profession Engineer WI License 35284 <input type="radio"/> Certified Agricultural Engineering Practitioner (DATCP / County /NRCS engineers or techs) <input type="radio"/> Professional Hydrologist WI License No: <input type="radio"/> Other: Specify					

Reviewable Project Type (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Manure storage (NR 243.15(3) & NRCS 313) | <input type="checkbox"/> Manure Stacking (NR 243.15(8) & NRCS 313) |
| <input type="checkbox"/> Manure Transfer Pipe (NR 243.15(4) & NRCS 634) | <input type="checkbox"/> Manure Transfer Channel (NR 243.15(4) & NRCS 634) |
| <input type="checkbox"/> Reception Tank (NR 243.15(4) & NRCS 634) | <input type="checkbox"/> Detention Basin (NR 243.15(3), NRCS 313 & CPS 1001) |
| <input type="checkbox"/> Digester (NR 243.15(5) & NRCS 313, 634) | <input type="checkbox"/> Non-Ag Waste Addition for Digester (NR 243.17(1), (2) & NRCS 313) |
| <input type="checkbox"/> Composting (NR 243.15(8), 502.12 & NRCS 313) | <input type="checkbox"/> Sand Separation (NR 243.15(4) & NRCS 632, 634) |
| <input type="checkbox"/> Solids Separation (NR 243.15(4) & NRCS 632, 634) | <input type="checkbox"/> Process Wastewater (NR 213 & NRCS 313) |
| <input checked="" type="checkbox"/> Feed storage area (s. NR 243.15(9)) | <input checked="" type="checkbox"/> Runoff Controls (NR 243.15(2) & NRCS 635) |
| <input type="checkbox"/> Vegetated Treatment Area (NR 243.15(2) & NRCS 635) | <input type="checkbox"/> Irrigation Pipeline (NR 243.15(4) & NRCS 430, 634) |
| <input type="checkbox"/> Closure/Discontinuing (NR 243.17(7) & NRCS 360) | <input type="checkbox"/> Biofilter (NR 243.15(2), (4) and (9) & NRCS 313) |
| <input type="checkbox"/> Days of Storage Calculations (NR 243.15(3)) | <input type="checkbox"/> Well Waiver Request (NR 243.09)) |
| <input type="checkbox"/> Groundwater Monitoring (NR 243.15(7)) | |

☐ Other

Forms and Attachments

To help us make a decision in the shortest amount of time possible, the following information must be submitted:

Supplemental Attached Forms

**Form 3400-025H (Constructed Facilities of Systems for
Livestock/Poultry Operation):**

Completion Status:

Upload Required Attachments (15 MB per file limit, split into multiple files as necessary)

Plans & Specs/Evaluations/ Post Construction Reports:

Completion Status:

Facility Plan Documents

Upload Required Attachments (15 MB per file limit) - [Help reduce file size and trouble shoot file uploads](#)

Narrative

 File Attachment

[2019_0914_EmeraldSkyDairy_2019Feedpad_As-Built.pdf](#)

Calculations

 File Attachment

Drawings

 File Attachment

Geo Technical Reports

 File Attachment

Sign and Submit Permit

Steps to Complete the signature process

1. Read and Accept the Terms and Conditions
2. Press the Initiate Signature Process button
3. You will receive an email (within 5 minutes) with instructions to complete the signature process.
4. Follow the instructions in the email.

You will receive an acknowledgement email upon completing these steps.

Terms and Conditions

I certify that:

1. The Plans and specifications or engineering evaluations included within this submittal have been reviewed by the operation owner/operator.
2. I believe the proposed project will comply with discharge limitations in s. NR 243.13, Wis. Adm. Code.
3. For proposed plans and specifications, a post construction report will be submitted to the DNR with a statement that construction conforms with applicable administration codes, NRCS Standards, and approved plans and specifications.

I understand that pursuant to s. 283.91(4), Wis. Stats., any person who knowingly makes any false statement representation or certification in a document filed with the DNR may be punished by a fine of not more than \$10,000 or by imprisonment for not more than 6 months or both.

NOTE: For security purposes all email correspondence will be sent to the address you used when registering your WAMS ID. This may be a different email than that provided in the application. For information on your WAMS account click [HERE](#).

Authorized Signature

Enter Your Name: Kelly Jacobs

☒ I accept the above terms and conditions.

Signed by : i:0#f|wamsmembership|kjacobs26 on 2019-09-19T11:37:38

After providing the final authorized signature, the system will send an email to the authorized party and any agents. This email will include a copy to the final read only version of this application.